

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10618746</u>	FILING DATE <u>3</u>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	<del>/</del>	<del>/</del>	<del>/</del>	<del>/</del>			51						
2	/	/	/	/			52						
3		/		/			53						
4		/		/			54						
5	/	/	/	/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9	/	/	/	/			59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	5		5				TOTAL DEP.						
TOTAL CLAIMS	8		8				TOTAL CLAIMS						